

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

8946

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 5837 Oliv. st.)

File No. 1118
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Maest Elizabeth West
(a) Residence No. 5837 Oliv St. _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 15 mos. 15 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. West deceased 5-28-1921

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 19-1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>11</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home mother
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Armstrong
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elysa Patterson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland
(STATE OR COUNTRY)

14. INFORMANT Mrs. Walter G. Sherlock
(Address) 5837 Oliv

15. FILED 3-22-28 M.M. Corvine
REGISTRAR Asen

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 10 1928, to March 11 1928, that I last saw him alive on March 11 1928, and that death occurred, on the date stated above, at 1:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

uremia
9515 (91) (10)
1325 (10) (10) (duration) yrs. mos. da. 4
CONTRIBUTORY Cardio-vascular complex
(SECONDARY) (duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. A. Freytag, M. D.
3-12-1928 (Address) Medical Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Forest Hill Mar 13 1928

20. UNDERTAKER ADDRESS

Elysa Funeral Home 1800 Linwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-25-64 AX